Chabot-Las Positas Community College District

Request For Certificate of Insurance

Name:	Name:	Dept:	
Name: Address: Attn: Description of Operations Is This a Special (i.e. Is this off campus event a one time thing?) Event? Yes No Event Dates & Time: Location: Sponsor: Participants: Details of Event: Special Requirements: Additional Insured/Additional Covered Party?* Yes No (i.e. Is the requesting Agency asking to be an additional insured?) "If requesting Additional Insured/Additional Covered Party, please forward a copy of the contract or agreement along with the request. Comments: Send To: Name:			
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